



# Department of Human Resources and Civil Service

Jack Doyle, County Executive

Elizabeth H. Riley, Director

## Employment/Exam Application

For Office Use Only					
<b><u>For Promotional Exams Only</u></b>		<b>Qualified</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Check # and Bank</b> _____	
Qualifying Title: _____		<b>Reviewer's Initials</b> _____		<b>Waiver</b> <input type="checkbox"/>	
Qualifying Date: _____				<b>Waiver-e</b> <input type="checkbox"/>	
Qualifying Dept./Jurisdiction: _____				<b>Exam Series</b> _____	
Seniority Date: _____					

  

**Applicant Information**

Position applying for: \_\_\_\_\_ Examination # \_\_\_\_\_

Name: \_\_\_\_\_ Examination date: \_\_\_\_\_

Last                      First                      Middle

**State any other name, assumed name or nickname, by which you are/have been known** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street                      City                      State                      Zip Code

Residence Address: \_\_\_\_\_

Street (P.O. Box will not be accepted, must use current home address)      City                      State                      Zip Code                      County

Home Telephone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

(Optional)

**If applying for Police Officer, Deputy Sheriff or Firefighter positions, please indicate date of birth:** \_\_\_\_\_

	Yes	No		Yes	No
Have you been a resident of Monroe County for the past four months?	<input type="checkbox"/>	<input type="checkbox"/>	Are you a citizen of the United States?	<input type="checkbox"/>	<input type="checkbox"/>
Are you an exempt volunteer firefighter?	<input type="checkbox"/>	<input type="checkbox"/>	If no, do you have a legal right to work in the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>
Will you accept part-time work?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a valid New York State Driver's License?	<input type="checkbox"/>	<input type="checkbox"/>
Will you accept temporary work?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what class _____		

  

Have you served in the Armed Forces of the U.S.A.?      Yes ☐      No ☐      Dates of active service      From \_\_\_\_\_ To \_\_\_\_\_

**Veterans of the Armed Forces and Active Duty members soon to be discharged wishing to claim additional examination credits as veterans or disabled veterans must submit a form VC-1 and/or form VC-4 and a copy of their discharge papers (form DD-214) with our office.**

**Have you ever, since January 1, 1951, been permanently appointed or promoted in the service of NY State or any of its civil divisions from an eligible list as a result of additional veterans credits granted you on such list?**      Yes ☐      No ☐

If yes, name agency that established the eligible list: \_\_\_\_\_

I declare that the statements made in this application (including statements made in my accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct. Any false statements made may result in termination of employment. I further understand, and will otherwise submit thereto, that in accordance with the County's pre-employment drug testing policy, I may be required to submit to a urinalysis test as a condition for employment.

Signature

Date

210 County Office Building " 39 West Main Street " Rochester, NY 14614

Phone: (585) 428-5550 " TDD: (585) 428-5491 " WEB SITE: [www.monroecounty.gov](http://www.monroecounty.gov)

New York State Law prohibits discrimination on the basis of age, sex, race, creed, color, national origin, disability, or marital status. An Equal Opportunity Employer

**An answer of YES to any of the following questions does not represent an automatic bar to employment. Each case is considered and evaluated in relation to the duties and responsibilities of the position for which you are applying:**

Were you ever convicted of any violation of law other than a minor traffic violation? Yes ☐ No ☐  
Were you ever removed from any type of employment? Yes ☐ No ☐

## License/Certification

**Do you have a license, certification, or other authorization to practice a trade or profession?** Yes ☐ No ☐ Is this certification permanent? Yes ☐ No ☐

Name of trade or profession: \_\_\_\_\_ License/Certificate Number: \_\_\_\_\_

Licensing Agency: \_\_\_\_\_ Licensed from: \_\_\_\_\_ to: \_\_\_\_\_

## Education

Have you received a High School Diploma? Yes ☐ No ☐ If no, have you received a General Equivalency Diploma (G.E.D.)? Yes ☐ No ☐

Check the highest grade completed 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐

## Education above high school level

Name of School	Location (State)	Course or Major	Credits Completed Sem. Hrs. Qtr. Hrs.	Degree/Certificate Received Type/Year
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Training

Other training you received (i.e., work training programs, Armed Forces training). Please estimate training hours received:

Course/Program	Hours
_____	_____
_____	_____

## Work Experience

Describe your employment, including military experience, beginning with your current or most recent employment. Submission of a resume does not relieve you of the responsibility for completing all sections of the official application. The resume is a supplement to the application, and not a substitute for it. To receive credit for a job, basic employment information such as address, name and title of supervisor, average number of hours in the workweek, final salary, reason for leaving, specific job duties, your job title, etc. must be shown.

Starting Date \_\_\_\_\_ Ending date \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Name & address of current or most recent employer \_\_\_\_\_  
\_\_\_\_\_

Salary \_\_\_\_\_ Hours worked per week \_\_\_\_\_

Reason(s) for leaving \_\_\_\_\_  
\_\_\_\_\_

Immediate Supervisor's name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

**Your job title** \_\_\_\_\_

Description of duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Work Experience (continued)**Starting Date \_\_\_\_\_  
Month/Day/YearEnding date \_\_\_\_\_  
Month/Day/YearName & address of employer \_\_\_\_\_  
\_\_\_\_\_

Salary \_\_\_\_\_

Hours worked per week \_\_\_\_\_

Reason(s) for leaving \_\_\_\_\_  
\_\_\_\_\_

Immediate Supervisor's name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

**Your job title** \_\_\_\_\_Description of duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Starting Date \_\_\_\_\_  
Month/Day/YearEnding date \_\_\_\_\_  
Month/Day/YearName & address of employer \_\_\_\_\_  
\_\_\_\_\_

Salary \_\_\_\_\_

Hours worked per week \_\_\_\_\_

Reason(s) for leaving \_\_\_\_\_  
\_\_\_\_\_

Immediate Supervisor's name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

**Your job title** \_\_\_\_\_Description of duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have additional work experience, please copy this page and attach additional sheets as needed. Be sure to include your name and social security number on all attachments. Volunteer experience must be documented by statement of verification from the agency representative regarding number of hours worked per week and activities performed.

## Special Arrangements for Examination

If you need special arrangements because you are a Religious Observer [for religious reasons, cannot be tested on date of examination(s)], or if you have a disability that requires you to have special accommodations or assistance for the completion of this application or for you to participate in an examination, you must notify this Department at 585-428-5550 or 585-428-5491 (TDD) no later than the last date of filing for this (these) examination(s). Your request must include examination number(s) and title(s) and the type of special arrangements required accompanied by all supporting documentation.

Monroe County, as an employer, does not discriminate on the basis of a disability and will make reasonable accommodations for employees with special needs, due to a disability. It is the responsibility of the applicant or employee to voluntarily disclose that they require an accommodation based on their disability.

## Application Fee for Examination

If the examination announcement indicates that an application fee is required for the examination(s) for which you are applying, **you must submit the required fee for each separate examination.** The required fee amount for each examination will be listed on the announcement. Enclose a **check or money order** payable to the **Monroe County Director of Finance** with this application. **WE DO NOT ACCEPT CASH**

**Your application fee will not be refunded if you do not meet the requirements for admission to the examination. Compare your qualifications carefully to the requirements stated on the announcement and file only for those examinations for which you are clearly qualified.**

## Application Fee Waiver – please read exam announcement for information

I am requesting that the application fee be waived because (check all that apply):

- ☐ I am totally unemployed and primarily responsible for the support of my household.
- ☐ I am receiving total public assistance. Indicate type of assistance.
- ☐ Home Relief
- ☐ Aid to Families with Dependent Children

Providing Agency \_\_\_\_\_ Case Number \_\_\_\_\_

- ☐ I am receiving Supplemental Security Income (SSI)
- ☐ I am WIA eligible. Indicate name of caseworker \_\_\_\_\_
- Phone number \_\_\_\_\_

- ☐ I am represented by the Monroe County unit of CSEA and employed by a Monroe County Department or Monroe Community College. I am employed at grade 10 or below.

Job title and grade \_\_\_\_\_

- ☐ I am represented by the Federation of Social Workers. I am employed at grade 52 or below or this exam is in my career path.

Job title and grade \_\_\_\_\_

I affirm that the information given above is true and correct. I understand that my claim for waiver is subject to verification and, if not supported by appropriate documentation, is grounds for barring appointment.

**X**

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

## Application for Examination Supplement

(To be filled in only if you are applying for a Civil Service Exam.)

Section 50-b of the New York State Civil Service Law requires that all applicants for examination be asked the following questions:

1. **Do you have any loans made or guaranteed by the New York State Higher Education Services Corporation, which are currently outstanding?**

Yes ☐

No ☐

2. **If so, are you presently in default on any such loans?**

Yes ☐

No ☐

Name: \_\_\_\_\_  
(Last name, first name, middle initial)

Legal Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Examination Title and Number: \_\_\_\_\_

### **This affirmation must be completed:**

I affirm under penalties of perjury that all statements made on this application supplement are true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date